# EXHIBIT B CLARICOM NETWORKS, INC. REINSTATEMENT FILINGS

#### Form BCA-12.45/ APPLICATION FOR REINSTATEMENT of DOMESTIC OR FOREIGN CORPORATIONS 13.60 File # (Rev. Jan. 1999) Jesse White This space for use by Secretary of State SUBMIT IN DUPLICATE! Secretary of State Department of Business Services Springfield, IL 62756 This space for use by http://www.sos.state.il.us Secretary of State Payment must be made by certi-Date fied check, cashier's check, Illinois Filing Fee \$ 100.00 attorney's check, Illinois C.P.A.'s check or money order, payable to Approved: "Secretary of State." 1. Corporate name as of the date of issuance of the certificate of dissolution or revocation: CLARICOM NETWORKS INC. (b) Corporate name as changed: (Note 1) If a foreign corporation having a certificate of authority under an assumed corporate name restriction, the assumed corporate name: \_ (Note 2) State of incorporation: DELAWARE 2. Date that the certificate of dissolution or revocation was issued: TANVARY 3, 2000 3. 4. Name and address of the Illinois registered agent and the Illinois registered office, upon reinstatement: (Note 3) NOTICE! Completion of item #4 does not constitute a registered agent or office change. See note #3 on back of this form. CT CORPORATION SYSTEM Registered Agent Last Name

208 SOUTH LASAUE STREET Registered Office Number Suite # (A P.O. Box alone is not acceptable) CHICAGO, IL County

This application is accompanied by all delinquent report forms together with the filing fees, franchise taxes, 5. license fee and penalties required.

The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.)

Dated 002

attested by

CLARICOM NETWORKS, INC.

(Exact Name of Corporation)

(Signature of Secretary or Assistant Secretary)

(Signature of President or Vice President)

EVA M. KALAWSKI SECRETARY (Type or Print Name and Title)

WILLIAM M. FOLTZ, JR. VICE PRES.

(Type or Print Name and Title)

9.	The amounts stated in parts (a) through (e) below are given for the twelve month period ending PECHER31 1998		
	The value of the property (gross assets)		
	(a) owned by the corporation, wherever located, was(a)	\$ _	NONE
	(b) of the corporation located within the state of Illinois was(b)		NONE
	The gross amount of business transacted by the corporation	<b>V</b> -	
	(c) everywhere for the above period was(c)	5	9.198.820
	(d) at or from places of business in Illinois for the above period was(d)	s _	NONĘ
	Give the location of the principal places of business of the corporation in each state where authorized to transact business and the	mss	amount of business
	transacted in each state for the above period. (If necessary, attach a second sheet.)	,	
ALLO	DCATION FACTOR + $\frac{b+d}{a+c}$ = $\frac{\bullet}{(6 \text{ decimal places})}$ (Write this figure line 11b below.)	on	
10. (	a.) ALL property of the corporation is located in Illinois and ALL business of the corporation is transacted in Illinois.	at or	from places of business
(1	b.) the corporation ELECTS to pay franchise tax on the basis of 100% of its total paid-in capital.		
•			
Α	ALLOCATION FACTOR = 1.00000 (Write this figure on line 11b below.)		
11.	To Item 11.		
la	a.) Total Paid-in Capital (Enter amount from Item 7a from the		
,(0	other side of report. If late, enter the greater of 7a or 7b.)		
(b	b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above)		
(c	c.) ILLINOIS CAPITAL (Multiply line (a.) by Line (b.)		
(d	11.) Multiply line (c.) by .001 (Round to nearest cent)		
	12.) ANNUAL FRANCHISE TAX (Enter amount from line (d1.), but not less than \$25)		d2.
			100
(e	e1.) If Annual Report is late, multiply line(d2.) by .10e1.		
(6	a2.) If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month		
	late or part thereof (minimum \$1.00)		
(€	33.) INTEREST & PENALTIES (Add line (e1.) and line (e2.)	******	e3.
•			2 . of oa
(f.	ANNUAL REPORT FILING FEE (\$25)	•••••	f. + 25.00
•			
ło	1.) TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, & PENALTIES DUE (Add line (d2.)		· 1

## **IMPORTANT!**

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.

If there have been changes in Item 6 or 7, the enclosed form BCA 14.30 must be executed and submitted with this annual report in the same envelope.

#### YEAR OF LOOO File Prior to:

## **STATE OF ILLINOIS** FOREIGN CORPORATION ANNUAL REPORT

FILE NO.

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

1.) NOTE: A Change in the registered agent and/or registered office may only be effected by filing form BCA-5.10/5.20. If there have been any changes in items 6, or 7a; the enclosed BCA-14.30 must be completed and submitted in the same envelope.

CORPORATE NAME, REGISTERED AGENT, REGISTERED OFFICE, CITY, IL, ZIP CODE

CLARICOM NETWORKS, INC. 11 % CT CORPORATION SYSTEM 208 SOUTH LASALLE STREET CHICAGO, IL 60604

COUNTY

3a.)	State or Country of incorporation:	DELAWARE	٠,	3b.)	Date Qualified To Do Business In IL:
4.5	The manage		10	4 14	HOT he Beteck to seed

OFFICE	NAME	NUMBER &	STREET CITY	STATE ZIP
resident	EVA M. KALAWSKI	2049 CENTURY PAR	KEAST, SVITE 2700, LOS A	NGELES, CA 90067
Secretary	EVA M. KALAWSKI	2049 CENTURY PAR	LEAST, SUITE 400 LOS A	NGELES, CA 90067
reasurer	ROBERT J. JINBRAN	2049 CENTURY PAG	KEAST, SUITE 2700, LOS	ANGELES, CA 90067
Director			· · · · · · · · · · · · · · · · · · ·	
Director		Y		
Director				
	or more of the stock is owned er of shares authorized and iss			Minority Owned Female Owne
ASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
OMMO	N N/A	\$0.01	3,000	1,000
		•		
		•		
IPORTANI	ft Whenever the amount in item mount of paid-in capital as of j	6 or 7a differs from the Secre MAY 31, 2000 is: \$	tary of State's records, the enclosed	d BCA 14.30 must be completed.
.) The Pa	aid-in Capital on record with the	Secretary of State is: \$!	,000	(Paid-in Capital reflects the sum the stated Capital and Paid- surplus accounts.)
8.)	Aldord Mond	ASST. TREASU	nea thiles.	adipide accounts.)

**RETURN TO:** Jesse White Secretary of State **Department of Business Services** Springfield, IL 62756 Telephone (217) 782-7808 www.sos.state.il.us

## **ITEM 8 MUST BE SIGNED!**

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

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			~~:::: -	 			~	1111		, , , ,

2049 CENTURY PANK EAST, SUITE 2700, LOS ANGELES, CA 90067 PRESIDENT EVA M. KALAWSKI 2049 CENTURY PARK EAST, SVITE 2700, LOS ANGELES, CA 90067 SECRETARY ROBERT J. JOUSRAN

IF THE ABOVE OFFICERS' NAMES AND ADDRESSES ARE MISSING OR HAVE CHANGED, ENTER ONLY THE ADDITIONS OR CORRECTIONS BELOW.

PRESIDENT _	eva m. kalawski	2049 CENTURY PALK EA	ST, SUITE 2700,	LOS ANGELES, LA	90067
SECRETARY	ROBERT J. JUUSIAN	2049 CENTURY PANK EN	ST SUME 2700	LAS ANGELES, CA	ZIP CODE
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

	·		
	the amounts stated in parts (a) through (e) below are given for the twelve month period and the state of the		
TI	ne value of the property (gross assets)		NONE
	(a) owned by the corporation, wherever located, was(a)	\$.	
	(b) of the corporation located within the state of Illinois was(b)	\$.	NONE
, TI	ne gross amount of business transacted by the corporation		9,198,820
	(c) everywhere for the above period was(c)	- \$.	
	(d) at or from places of business in lilinois for the above period was(d	\$.	NONE
	ive the location of the principal places of business of the corporation in each state where authorized to transact business and the	gross	amount of business
tra	ansacted in each state for the above period. (If necessary, attach e second sheet.)		
	(Write this figur	വെ	
<b>ALLOC</b>	ATION FACTOR + b + d = - United States   line 11b below.		
	a + c (6 decimal places)		
	, ,		
10. (a.)	ALL, property of the corporation is located in Illinois and ALL business of the corporation is transacted	at o	from places of busine
· • · (a.)	in Illinois.		
(b.)	the state of the s		
(3.7			
ALI	OCATION FACTOR = 1.00000 (Write this figure on line 11b below.)		
			•
	TOP! Item 9 or 10 must be completed befor To Item 11.		
	•		
11. A	NNUAL FRANCHISE TAX AND FEES		
(a.)	Total Paid-in Capital (Enter amount from Item 7a from the		
(4.)	other side of report. If late, enter the greater of 7a or 7b.)		
	the side of report, it late, often the greater of the or 12.7		
<b>(h.</b> )	ALLOCATION FACTOR (Enter from Item 9 or Item 10 above)		
(b.)	ALEGOATION I ACTON (Lines noin toil to interview to about)		
(c.)	ILLINOIS CAPITAL (Multiply line (a.) by Line (b.).		<b>原</b> 學
(0.)	tellions on the (many) and (a) b) and (a)		
(31	Multiply line (c.) by .001 (Round to nearest cent)d1.		
(d2)	ANNUAL FRANCHISE TAX (Enter amount from line (d1.), but not less than \$25)\$		d2.
(uz.	YIMOUT LOUIST LAN (THE GUIDANT NOW MAN 12 THE BOT MAN ATANIMANIMANIMANIMANIMANIMANIMANIMANIMANIM		95
(a1 )			28214E)
	If Annual Panod is late, multiply line/d2 ) by 10:		1937Y
(02)	) If Annual Report is late, multiply line(d2.) by .10		
(e2.	If Annual Report is late, multiply line(d2.) by .10		
(e2.	If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month		e3.
(e2.	If Annual Report is late, multiply line(d2.) by .10	******	e3.
(e2. (e3.	If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month late or part thereof (minimum \$1.00)		e3 f + 25.00
(e2.	If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month		1999 F
(e2. (e3.	If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month late or part thereof (minimum \$1.00)		(499)

## **IMPORTANT!**

If there have been changes in Item 6 or 7, the enclosed form BCA 14.30 must be executed and submitted with this annual report in the same envelope.

YEAR OF 200 1
File Prior to:

#### STATE OF ILLINOIS FOREIGN CORPORATION ANNUAL REPORT

CORPORATION 5902243

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

1.) NOTE: A Change in the registered agent and/or registered office may <u>only</u> be effected by filing form BCA-5.10/5.20. If there have been any changes in Items 6, or 7a; the enclosed BCA-14.30 <u>must be completed and submitted in the same envelope.</u>

2.) CORPORATE NAME, REGISTERED AGENT, REGISTERED OFFICE, CITY, IL, ZIP CODE

COUNTY

3a.) 8	State or Countr	y of incorporation:	DELAWARE
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3b.) Date Qualified To Do Business In IL:

4.) The names and residential addresses of ALL officers & directors MUST be listed here!

OFFICE	NAME	· NUMBER	R&STREET CIT	Y STATE	ZIP
President	EVA M. KALAWSKI	2044 CENTURY P	ALK EAST, SVITE 2700	LOS ANGELES, CA 9	0067
Secretary	EVA M. KALAWSKI		ARKEAST, SUITE 2700		
	ROBERT J. JUBRAN		ARK EAST, SUITE 2700		90067
Director		:		<del>*************************************</del>	
_Director		4			<del> </del>
Director		;			
•	or more of the stock is owne er of shares authorized and is	· · ·	ase check appropriate box. ):	Minority Owned	Female Owned
CLASS	SERIES	PAR VALUE	NUMBER AUTHO	RIZED	NUMBER ISSUED
COMMON	I N/A	30.01	3,000		1,000
		****			
7a.) The am	Whenever the amount in ite nount of paid-in capital as of id-in Capital on record with the part of the	MAY 31 is: \$_		(Paid-in the sta	be completed,  Capital reflects the sum of ted Capital and Paid-in accounts.)
8.)	(Any Authorized Officer's S		(Tille) (Date)	Under the near	alty of norther and se s

RETURN TO:
Jesse White
Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-7808
www.sos.state.il.us

## ITEM 8 MUST BE SIGNED!

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

## (PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

PRESIDENT EVA M. KALAWSKI 2049 CENTURY PARK EAST, SUITE 2700, LOS ANGELES, CA 90067 SECRETARY ROBERT J. JOUBRAN 2049 CENTURY PARK EAST, SUITE 2700, LOS ANGELES, CA 90067

IF THE ABOVE OFFICERS' NAMES AND ADDRESSES ARE;MISSING OR HAVE CHANGED, ENTER ONLY THE ADDITIONS OR CORRECTIONS BELOW.

590 22431 File No.

PRESIDENT EVA M. KALAWSKI 2049 CENTURY PARK EAST, SUITE 2700, LOS ANGELES, CA 90067

SECRETARY ROBERT J. JUUSIAN 2049 CENTURY PARK EAST, SUITE 2700, LOS ANGELES, CA 90067

NAME STREET ADDRESS CITY STATE 21P CODE

NAME STREET ADDRESS CITY STATE 21P CODE

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9. Th er	ne amounts stated in parts (a) through (e) below are given for the twelve month period in the twelve m	
	e value of the property (gross assets)	Nous
	(a) owned by the corporation, wherever located, was(a)	\$ NONE
	(b) of the corporation located within the state of Illinois was(b)	s None
Th	e cross amount of business transected by the corporation	s 9,198,820
	(c) everywhere for the above period was(c)	
	(d) at or from places of business in Illinois for the above period was(d)	S NONE
Gi	ve the location of the principal places of business of the corporation in each state where authorized to transact business and the gr	oss amount of business
tra	insacted in each state for the above period. (If necessary, attach a second sheet.)	
	/Id/site this figure	an
ALLOC	ATION FACTOR + b + d =	
	a + c (6 decimal places)	•
40 (- )	ALL property of the corporation is located in Illinois and ALL business of the corporation is transacted a	at or from places of business
10. (a.)	•	it of from places of business
(h.)	in Illinois. the corporation ELECTS to pay franchise tax on the basis of 100% of its total paid-in capital.	
(b.)	the corporation ELEC to to pay manchine tax on the basis or 100% of its total para-in outside.	
Δ1 Ι	OCATION FACTOR = 1.00000 (Write this figure on line 11b below.)	
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S.	TOP! Item 9 or 10 must be completed before	continuing
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-	To Item 11.	
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11. A	NNUAL FRANCHISE TAX AND FEES	
•••		
(a.)	Total Paid-in Capital (Enter amount from Item 7a from the	
<b>\</b> -,	other side of report. If late, enter the greater of 7a or 7b.)	
(b.)	ALLOCATION FACTOR (Enter from Item 9 or Item 10 above)	
` '		
(c.)	ILLINOIS CAPITAL (Multiply line (a.) by Line (b.)	
• •		1/4
(d1.)	Multiply line (c.) by .001 (Round to nearest cent)	
(d2.)	ANNUAL FRANCHISE TAX (Enter amount from line (d1.), but not less than \$25)	d2.
	If Annual Report is late, multiply line(d2.) by .10e1.	
(e2.)	If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month	
	late or part thereof (minimum \$1.00)e2.	e3.
(e3.)	INTEREST & PENALTIES (Add line (e1.) and line (e2.)	(63.
		+ 25 00
(f.)	ANNUAL REPORT FILING FEE (\$25)	
, .	TOTAL ANNUAL EDANIOUSE TAY FEED INTEREST & DENIALTICO DUE (A34 % - 420)	
(g.)	TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, & PENALTIES DUE (Add line (d2.)	
	+ line (e3.) + line (f.)	L <u>U'I</u>

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.

## IMPORTANT!

If there have been changes in Item 6 or 7, the enclosed form BCA 14.30 must be executed and submitted with this annual report in the same envelope.